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AT # 2500

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2005	, no persons are requ	Application Nun		ormation unless it displays a valid OMB control number 09/903,925				
TRA	$\mathbf{L}$	Filing Date		July 11, 2001				
F		First Named Inv	entor	Ashkenazi, et al.				
(to be used for all co	initial filing)	Group/Art Unit		1647				
	,	Examiner Name		Hamud, Fozia M.				
Total Number of Pages in	n This Submission		Attorney Docket 1	Number	39780-1618P2C49			
		ENCLOSUI	RES (check all that a	pply)				
Fee Transmittal Fo			nent Papers pplication) g(s)		After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences— Notice of Appeal			
Changes  Affidavits/decl  Extension of Time (1-month EOT = \$)  Information Disclos  Certified Copy of Pr Document(s)  Response to Missing Incomplete Applicat  Response to M Parts under 37 1.52 or 1.53	farkings Showing aration(s) Request 120.00) ure Statement riority g Parts/ tion issing CFR SIGNA	Petition and Accomplished Provision Provision Power of Change of C	NECTION WITH TI	DEPOSI	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Additional Enclosure(s) (please identify below):  stamped return postcard  SIT ACCOUNT 08-1641 FOR ANY FEES PER (Reference Atty. Docket No. 39780-			
Signature	WW 12, 2005	in	C. A. N. I		25.400			
Date JAN		Customer Numb	ber:   3:	35489				
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1002 2002 175 350 Design 1003 550 2003 275 Plant fil 1004 790 2004 395 Reissue 1005 200 2005 100 Provisio SUBTOTAL (1) 2. EXTRA CLAIM FEES FOR UTILITY AND Extra Claims -20\*\* Claims Independent Claims Multiple Dependent Entity Small Entity Large Fee Fee Fee Fee Code (\$) Code (\$) 1202 2202 Claims in 1201 200 2201 100 Independ 09903925 180 Multiple 1203 2203 360 paid 1204 200 2204 100 \*\*Reissu over orig 1205 50 2205 25 \*\*Reissu 01/18/2005 MRHMED1 00000046 081641 and over SUBTOTAL (2) (\$) \*\*or number previously paid, if greater; For Reis 120.00 SUBMITTED BY Name (Print/Type) Registration No. GINGER R. DREGER, ESQ. 33,055 (Attorney/Agent) Signature **JANUARY 12, 2005** WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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1	Complete if Known					
TRANSMITTAL	Application Number	09/903,925				
for FY 2005	Filing Date	July 11, 2001				
2004. Patent fees are subject to annual revision.	First Named Inventor	Ashkenazi, et al.				
	Examiner Name	Hamud, Fozia M.				
aims small entity status. See 37 CFR 1.27	Art Unit	1647				
T OF PAYMENT (\$) 620.00	Attorney Docket No.	39780-1618P2C49				

METHOD OF PAYMENT (check one)							FEE CALCULATION (continued)					
Check Credit card Money Order Other None							3. AI	DITION	AL FEI	ES		
Deposit Account:  Deposit Account  Account Number  Deposit Account:  08-1641 (Docket No. 39780-1618P2C49)						9)	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name  Heller Ehrman White & McAuliffe LLP							1051 1052 1053	130 50 130	2051 2052 1053	65 25 130	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification	
The Commissioner is authorized to: (check all that apply)							1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
☐ Charge fee(s) indicated below ☐ Credit any overpayments						ments	1804	920*	1804	920*	Requesting publication of SIR prior to	
☐ Charge any additional fee(s) during the pendency of this application						application	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above- identified deposit account.					1251	120	2251	60	Extension for reply within first month	120.00		
FEE CALCULATION							1252	450	2252	225	Extension for reply within second month	
1. BASI	C FILING	G FEE		<u> </u>			1253	1,020	2253	510	Extension for reply within third month	
Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Do	escription	Fee Paid	1254	1,590	2254	795	Extension for reply within fourth month	
Code	(\$)	Code	(\$)				1255	2,160	2255	1,080	Extension for reply within fifth month	
1001	300	2001	150	Utility f	iling fee		1401	500	2401	250	Notice of Appeal	500.00
1002	350	2002	175	Design	filing fee		1402	500	2402	250	Filing a brief in support of an appeal	
1003	550	2003	275	Plant fil	ing fee		1403	1,000	2403	500	Request for oral hearing	
1004	790	2004	395	Reissue	filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	:
1005	200	2005	100	Provision fee	nal filing		1452	500	2452	250	Petition to revive - unavoidable	
SUBTOTAL (1) (S)						(\$)	1453	1,500	2453	750	Petition to revive - unintentional	
2. EXTR	A CLAIN	1 FEES F	OR UTIL	ITY ANI	REISSU	E	1501	1,400	2501	700	Utility issue fee (or reissue)	
			Extra Cl		ee from below	Fee Paid	1502	800	2502	400	Design issue fee	
Total Claims		-20**=		x	=		1503	1,100	2503	550	Plant issue fee	
Independent Claims		-3**=		_ x _	=	0	1460		1460		Petitions to the Commissioner	
Multiple D	ependent				=	= 0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Fee	Entity Fee	Small Fee	Entity Fee		Fee Descrip	tion	1806	180	1806	180	Submission of Information Disclosure Stmt	
Code 1202	( <b>\$</b> ) 50	Code 2202	(\$) 25	Claims i	n excess of 2	20	8021	40	8021	40	Recording each patent assignment per	
1201	200	2201	100	Independ	lent claims i	n excess of 3	1809	790	2809	395	Filing a submission after final	
1203	360	2203	180	Multiple	dependent o	claim, if not	1810	790	2810	395	rejection (37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b))	
1204	200	2204	100	**Reissi	e independe	ent claims	1801	790	2801	395	Request for Continued Examination (RCE)	
1205	50	2205	25	**Reissu	inal patent e claims in original pat	excess of 20 ent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)							Other fee	(specify)_				
**or number previously paid if greater: For Reissues see above						hove	* Dadwar	d by Dosia	Cilina E	aa Daid	SURTOTAL (3)	(\$)620.00]

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